

SERTOMA CHEERLEADING

Coaches Application

Coaches Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Coach Shirt Size (circle one): Small Medium Large XL 2X

Please answer the following questions:

1. How many years experience do you have in coaching any team? _____
If yes, explain:

2. What age group are you interested in coaching? _____ (3-4) (5-6)

3. Have you ever been convicted on an offence against the law other than a minor traffic violation? Yes or No If yes, explain:

A copy of your driver's license must be submitted with this application.

Copies can be made at the County Office Building when you turn in your application, if mailed, please include copy.

**** This is only an application. The Coaches will be selected for the 2007 season by the Sertoma Advisory Board and will receive an invitation to the Coaches Meeting / Clinic – Date, Time & Location TBA.***